		•	Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECO									10/626466				
Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14					RATE FEE		1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			17 minus 20=		. 0		;	XS 9= /		OR	X\$18=		
INE	DEPENDENT C	LAIMS	minus 3 =		. 8			X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT						+145=		+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL 385		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								·	(203	10	OTHER	THAN	
	(Column 1) (Column 2) (Column 3)						s	MALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER . DUSLY	PRESENT EXTRA	· F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	- X	00	=	>	\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	***	3_	= /	>	100	100	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145-		/	+290=		
· TOTAL TOTAL													
								IT. FEE	10/4	OR	ADDIT. FEE		
		(Column 1) CLAIMS	(Column 2) (C			(Column 3)	olumn 3)		1 4001	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA	۰F	ATE	ADDI- TIONAL FEE	-	RATE	TIONAL FEE	
NON	Total	*	Minus	616		=	×	S 9=		OR	X\$18=		
AME	Incependent			***		-	X43=			OR	X86=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	LTIPLE DEPENDENT		CLAIM L		145=		OR	+290=		
TOTAL											TOTAL		
(Ontario 1)								IT. FEE	<u> </u>		ADDIT. FEE		
- }	\	(Column 1) CLAIMS		(Colun		(Column 3)			400)	1 1		4001	
AMENDMENT C	· .	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		z	×	\$ 9=		OR	X\$18=		
WE L	Independent	•	Minus	***		=	×	43=		OR	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE										OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					r found is	the ap	propriate box	in col	umn 1.		

10626466

FORM PTO-875 (Rev. 10/03)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE